

2019-2020 VOLUNTEERING with Pilgrim Hearts

For the WOKINGHAM NIGHT SHELTER (please circle your choices)

First name: Surname:

Gender: D.O.B:..... Email:

Mobile:

Address:

.....
.....

Referees Name: (Or Name of your local church)

.....

Address:

.....
.....

Phone:.....

Email:.....

Signature:.....

Date:.....

Please circle your choice/s from the following :

Drop In (at St Andrew's) **Mondays** 12 am to 2 pm or **Thursdays** 11 am to 2 pm

Night Shelter availability **Mon Tue Weds Thur Fri Sat**

Sessions **Evening Night Morning**

Volunteer at sessions - Cook at sessions - Laundry done at home - Admin help - Mentoring a guest - Driving

Have you a valid DBS check? YES / NO (please circle your selection)

If so, who did it? and when was it done?.....

Do you have a valid First Aid qualification? YES / NO

Mental Health First Aid certificate YES / NO

Food Hygiene certificate? YES / NO

Safeguarding training YES / NO

Previous relevant experience (for new applicants only)

This is a preliminary form to gauge interest and more discussions will be taking place and training will also be given before the start, next winter.

I agree to follow the Volunteers Handbook guidelines and will work as requested by the organisers.

I give permission for Pilgrim Hearts to store my data for the running of the Night Shelter, Drop In and Mentoring services.

Signed..... Dated
August 2019

**PLEASE POST TO :- Pilgrim Hearts 24 YORKSHIRE PLACE, BRACKNELL, RG42
3XE**

or scan and Email to pilgrim.hearts@gmail.com